

Name
in
Full

287
CERTIFICATE OF DEATH

Friedrich S. Beacham

Died at

Wilmington

County

Carver

MARYLAND

Date

of death 1907

Month

Dec

Day

30

Age

Years

Months

Days

4

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

James W Beacham

Father's
Birthplace

Maryland

Mother's
Maiden Name

Felici Slingshuff

Mother's
Birthplace

Id

Name of person giving
In formation

James W Beacham

How related
to deceased

Father

CAUSES OF DEATH

151

Primary

Icterus neonatorum

How long

Immediate

As it is

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Henry M. Highby

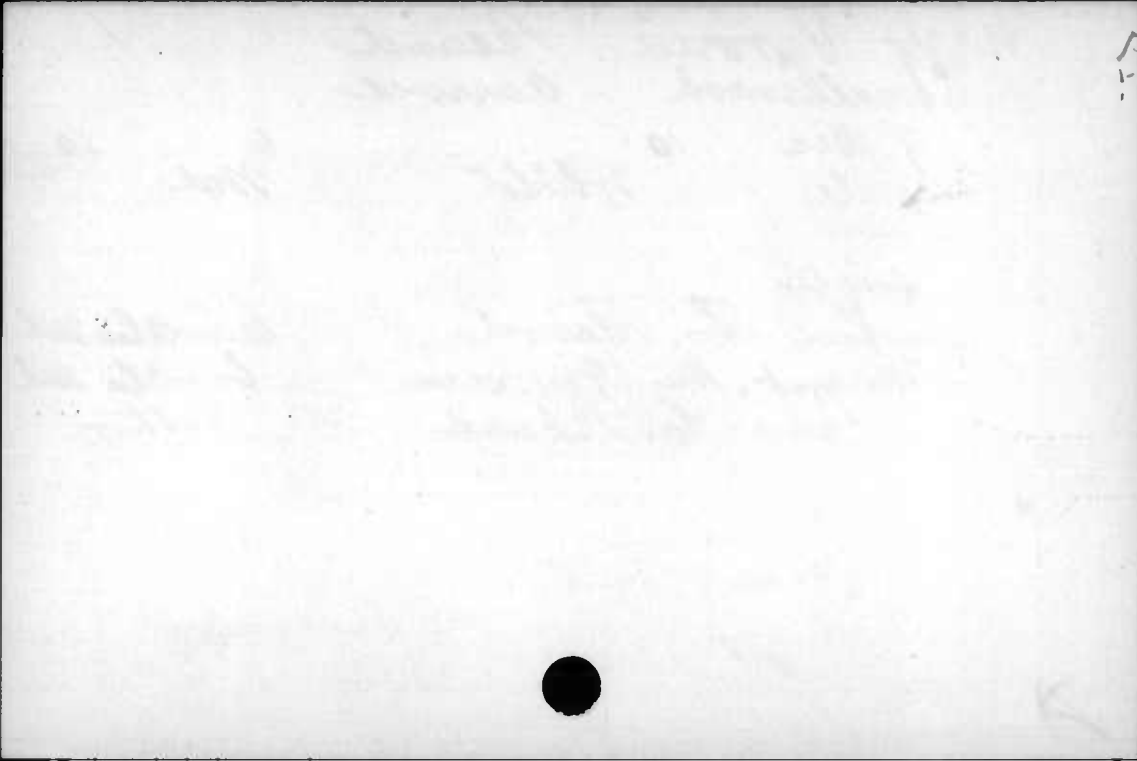
Address

Wilmington.

Accident or Suicide?

TO BE ANSWERED
BY NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mary Verona Beard

285
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Smallwood</i>		^{County} <i>Carroll</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Dec</i>	Day <i>10</i>	Years	Months <i>6</i> Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Ind</i>		
Occupation <i>—</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>John L. Beard</i>		Father's Birthplace <i>Carroll Co Ind</i>			
Mother's Maiden Name <i>Margaret Ann Freyman</i>		Mother's Birthplace <i>Carroll Co Ind</i>			
Name of person giving information <i>John L. Beard</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

193

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>4 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. J. Gorman</i>	
		Address <i>Westminster Ind.</i>	
Accident or Suicide?			

Wesley Park Cemetery.
Stoner.

Name
in
Full

Ernest Carey Benson

290
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Westminster ^{County} Carroll MARYLAND

Date of death 1907 Dec. 23 Age _____ Months _____ Days 2

Sex Male Color or Race white Birth-place Md.

Occupation none Where Residing if not at place of death _____

Married, Single or Widowed single Name of Wife or Husband _____

Father's Name Ernest Benson Father's Birthplace Md

Mother's Maiden Name Elizabeth Mettiam Mother's Birthplace Md

Name of person giving information Ernest Benson How related to deceased Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Premature Birth How long 2 mos

Immediate Heart Failure How long 2 days

Are the name, age, sex, color, date and place correctly given above?

yes

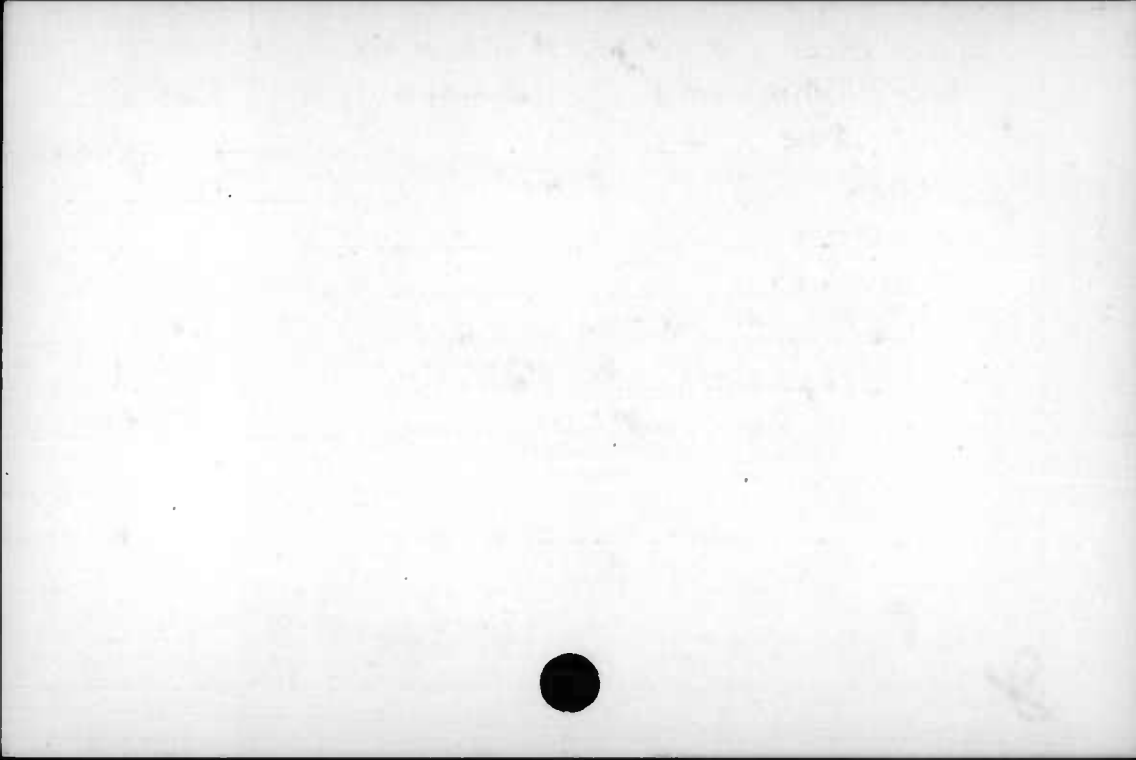
Signature of Physician

Address

Chas R Foutz

Westminster
Md.

Accident or Suicide?



Name
in
Full

Louise Lynch Benson

264
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

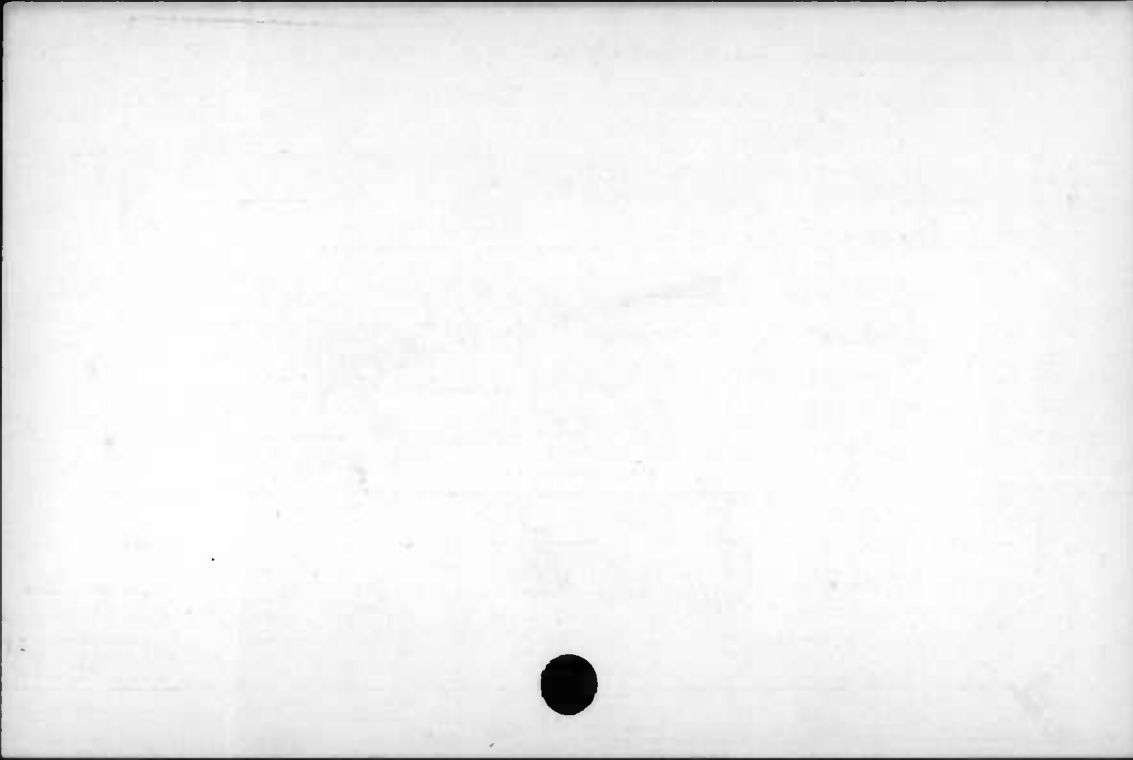
Died at		Town <u>Westminster</u>		County <u>Carroll</u>		MARYLAND	
Date of death	190	Month <u>7</u>	Day <u>21</u>	Age	Years	Months	<u>10</u> hrs
Sex	<u>Female</u>		Color or Race	<u>white</u>		Birth-place	<u>md</u>
Occupation	<u>none</u>			Where Residing if not at place of death			
Married, Single or Widowed	<u>single</u>		Name of Wife or Husband				
Father's Name	<u>Ernest Benson</u>					Father's Birthplace	<u>md</u>
Mother's Maiden Name	<u>Elizabeth Mettlan</u>					Mother's Birthplace	<u>md.</u>
Name of person giving information	<u>Ernest Benson</u>					How related to deceased	<u>Father</u>

CAUSES OF DEATH

(151)

PHYSICIAN
OR CORONER

Primary	<u>Permeature</u>	How long	<u>2 mos -</u>
Immediate	<u>Heart Failure</u>	How long	<u>2 hrs</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Chas. R. Fouts</u>
		Address	<u>Westminster</u>
			<u>md</u>
Accident or Suicide?	<u></u>		



Name
in
Full

Earnest Cooley

284
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec</i>	Day <i>11</i>	Age <i>85</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Not known</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Not known</i>			Father's Birthplace		
Mother's Maiden Name <i>Not known</i>			Mother's Birthplace		
Name of person giving information <i>Wm Humbert</i>			How related to deceased <i>Friend</i>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>10 days</i>
Immediate <i>Heart</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John E. Mathias</i>
<i>Yes</i>	Address <i>Westminster Md.</i>
Accident or Suicide?	

Westminster Cemetery
Stoner.

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

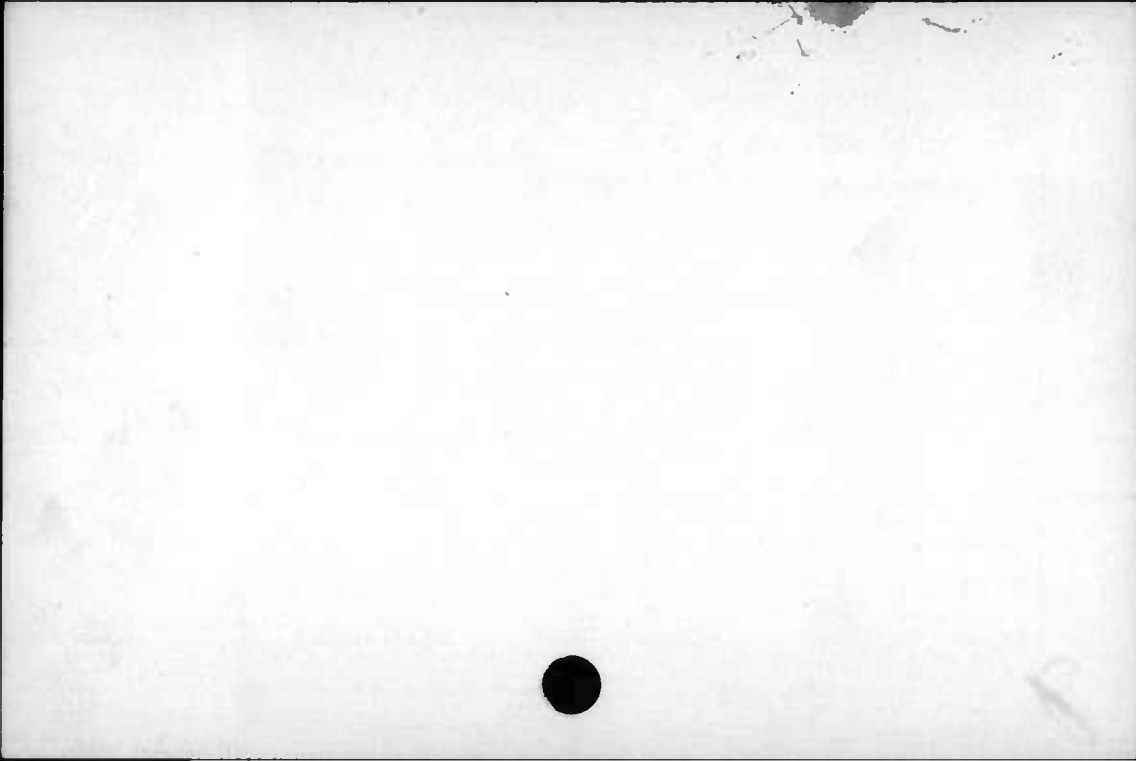
Died at <i>Silver Run</i>		Town <i>Garroll</i>		County		MARYLAND	
Date of death	1907	Month	Dec	Day	22	Age	78
Sex <i>Male</i>		Color or Race <i>White</i>		Months <i>10</i>		Days <i>16</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Garroll Co.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Anna Eliza Gopenhaver</i>					
Father's Name <i>Viace Gopenhaver</i>		Father's Birthplace <i>Garroll Co.</i>					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Francis Gopenhaver</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	<i>Complication of disease</i>	How long	<i>6 mo.</i>
Immediate	<i>Pneumonia & Bronchitis</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. Lewis Wetzel M.D.</i>	
		Address <i>Union Mills Ind.</i>	
Accident or Suicide?			



Name
in
Full

Margaret A. Englar

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

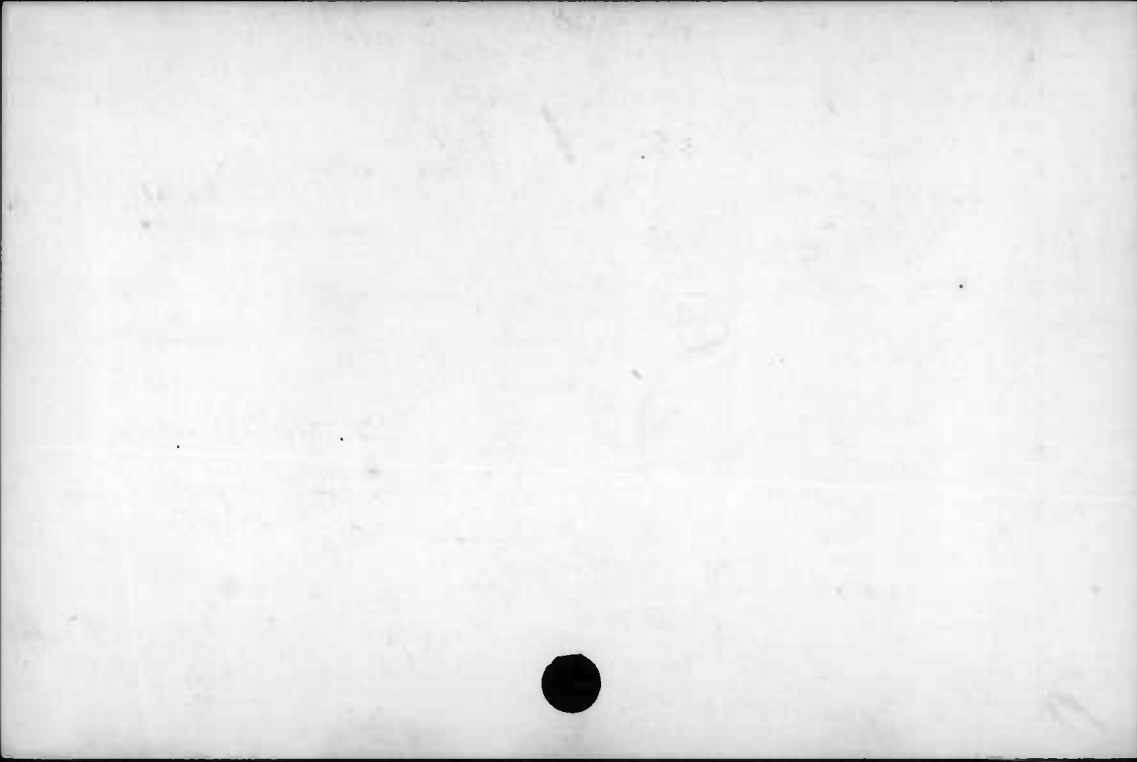
Died at		Town <i>Tanysstown</i>		County <i>Carroll</i>		MARYLAND	
Date of death	<i>190</i>	Month <i>December</i>	Day <i>29</i>	Age <i>62</i>	Years <i>4</i>	Months <i>28</i>	Days <i>28</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Carroll County</i>				
Occupation <i>none</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Abraham Englar</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Mary A. Brown</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>P B Englar</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>5 days</i>
Immediate	<i>Failure of Respiration & Circulation</i>	How long	<i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Dries, M.D.</i>	
		Address <i>Tanysstown, Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *George Washington Feeser*

Town *Baughman Valley* **County** *Garroll*

State *MARYLAND*

Died at *Baughman Valley*

Date of death *1907* **Month** *Dec* **Day** *15* **Age** *75* **Months** *8* **Days** *2*

Sex *Male* **Color or Race** *White* **Birth-place** *Garroll Co.*

Occupation *Farmer* **Where Residing if not at place of death** *Garroll Co.*

Married, Single or Widowed *Widowed* **Name of Wife or Husband** *Catherine Feeser*

Father's Name *George Feeser* **Father's Birthplace** *Garroll Co.*

Mother's Maiden Name *Garroll Co.* **Mother's Birthplace** *Garroll Co.*

Name of person giving information *Amos Feeser* **How related to deceased** *Brother*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *arteriosclerosis heart failure* **How long** *1 1/2 years*

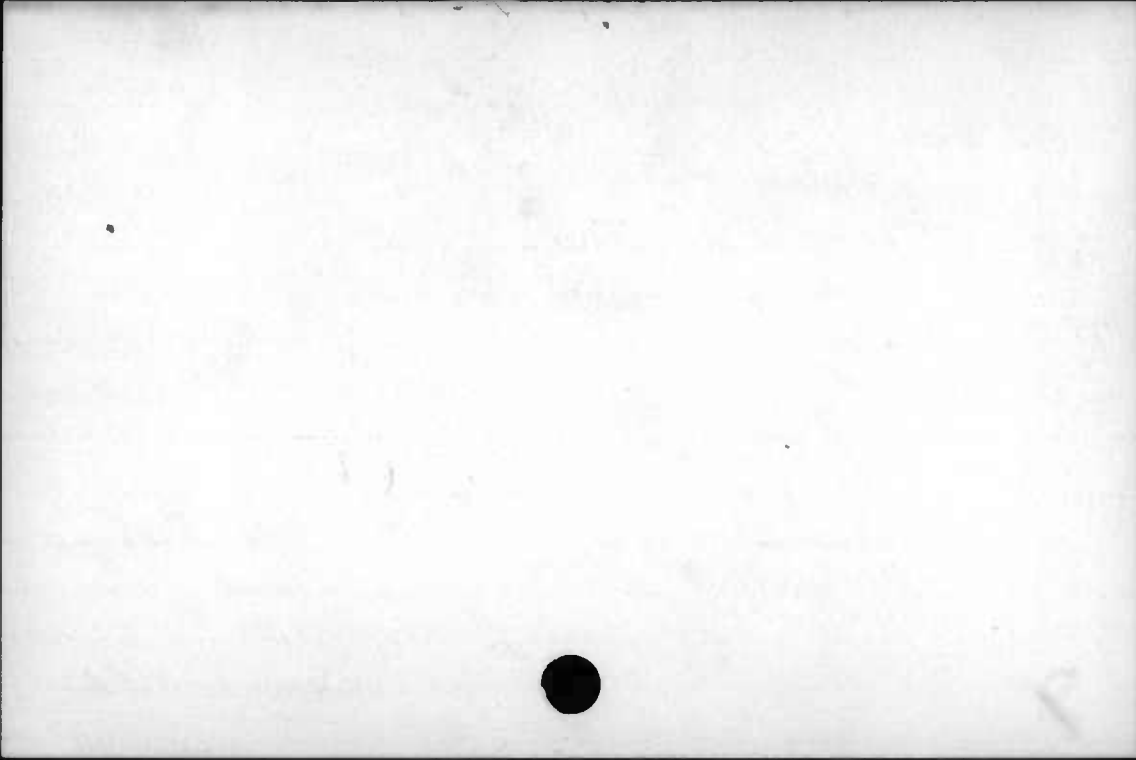
Immediate *cardiac insufficiency* **How long** *instantly*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. Lewis Ketel*

Address *Union Mills*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Arthur N. Fite</i>		Town <i>North Branch</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>North Branch</i>		Month <i>Dec.</i>		Day <i>22</i>		Age <i>84</i>	
Date of death 190 <i>7</i>		Month <i>Dec.</i>		Day <i>22</i>		Age <i>84</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months Days	
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband <i>Louise Odell</i>							
Father's Name <i>Andrew Fite</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Martha</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>John Ware</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Thrombosis</i>	How long <i>Three days</i>
Immediate <i>Paralysis + Exhaustion</i>	How long <i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. H. Harris M.D.</i>
	Address <i>Harrisonville</i>
Accident or Suicide? <i>C</i>	<i>Balls Bl. Md.</i>



Name
in
Full

Lillie May Fleagle.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Union Bridge</u>		County <u>Carroll</u>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1907	12	31	46	7	
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>			Name of Wife or Husband <u>Morticia J. Fleagle</u>		
Father's Name <u>Jesse Anders</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Catherine Snook</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving Information <u>Jessie Anders</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Apo/plexy.</u>	How long	<u>3 Weeks</u>
Immediate	<u>Hemorrhage - Brain</u>	How long	<u>"</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>James Watt</u>	
		Address <u>Union Bridge Md.</u>	
<input checked="" type="checkbox"/> Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Frederick Fowble.

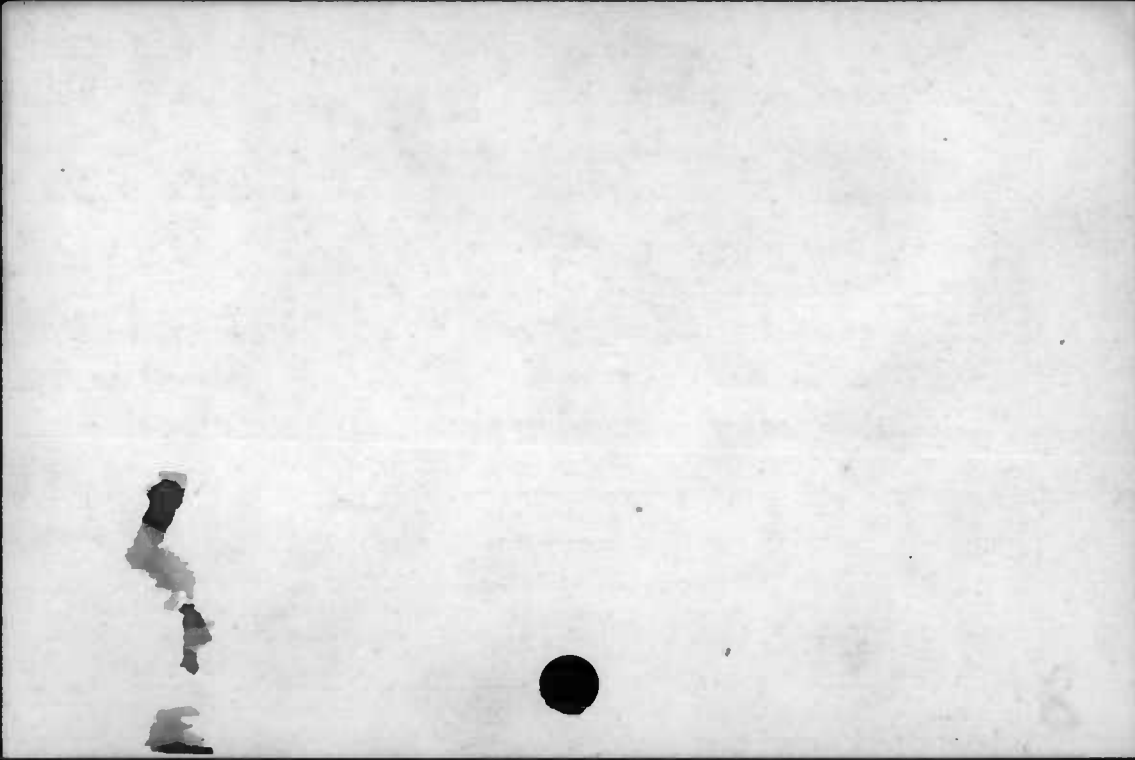
Died at <i>Hampstead</i>		Town <i>Canoe</i>		County	
Date of death <i>1907</i>	Month <i>12</i>	Day <i>26</i>	Age <i>73</i>	Years	Days <i>16</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Fowbleburg, Md</i>		
Occupation <i>Farmer.</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>X</i>	Name of Wife or Husband				
Father's Name <i>Frederick Fowble</i>	Father's Birthplace <i>Fowbleburg Md</i>				
Mother's Maiden Name <i>Salome Reinhart</i>	Mother's Birthplace <i>Not known</i>				
Name of person giving information <i>George C. Fowble</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

(10)

PHYSICIAN
OR CORONER

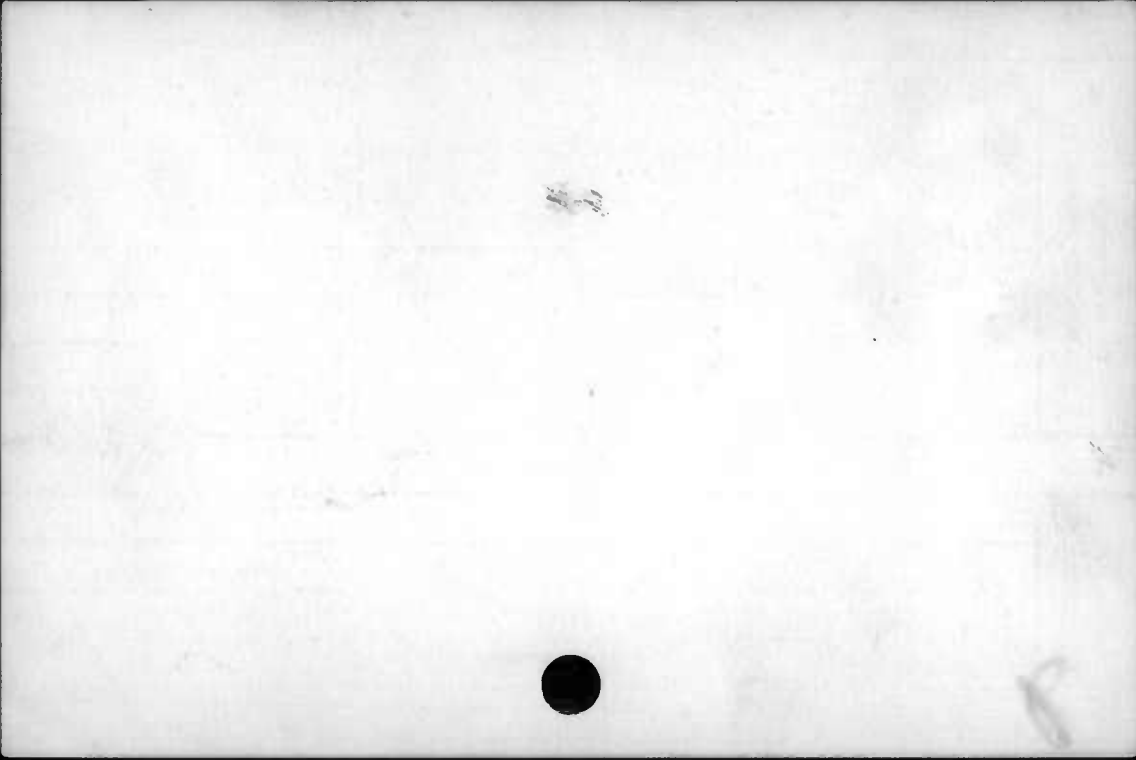
Primary <i>La Grippe</i>	How long <i>1.5 da</i>
Immediate <i>Heart Failure</i>	How long <i>Suddenly.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Edgar M. Bush</i>
	Address <i>Hampstead, Md</i>
Accident or Suicide? <i>X</i>	



Name in Full		295 CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Smallwood</i>		County <i>Carroll</i>		MARYLAND
	Date of death	Month <i>Dec</i>	Day <i>28</i>	Years <i>1</i>	Months <i>11</i> Days <i>18</i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Carroll Co. Md.</i>	
	Occupation <i>—</i>		Where Residing if not at place of death		
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband			
	Father's Name <i>Leonard Freyman</i>	Father's Birthplace <i>Carroll Co Md</i>			
	Mother's Maiden Name <i>Catherine Beard</i>	Mother's Birthplace <i>Carroll Co Md</i>			
	Name of person giving information <i>Leonard Freyman</i>	How related to deceased <i>Father.</i>			
CAUSES OF DEATH					(93)
PHYSICIAN OR CORONER	Primary	<i>Pneumonia</i>		How long	<i>23 days</i>
	Immediate	<i>Heart Fail</i>		How long	<i>—</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>J. J. Gorman</i>	
				Address <i>West</i>	
	Accident or Suicide?				

Stoner
Deer Park Cemetery.

Name in Full		George W. Groves				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Mt. Airy		County Carroll		MARYLAND	
	Date of death	1907	Month Dec.	Day 5	Age 30	Months 8	Days 27
	Sex	Male		Color or Race	White American		
	Birthplace	Ridgville Md.					
	Occupation	Fireman STORR		Where Residing if not at place of death Mt. Airy, Md.			
	Married, Single or Widowed	Married		Name of Wife or Husband Mollie Groves			
	Father's Name	Samuel E. Groves				Father's Birthplace	Mt. Airy Md.
Mother's Maiden Name	Ruth Mercen				Mother's Birthplace	Howard Co., Md.	
Name of person giving information	Paul E. Groves Jr.				How related to deceased	Brother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	9 months
	Immediate	Asthma				How long	One month
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician J. E. Bromwell		
					Address Mt. Airy, Md.		
Accident or Suicide? <input checked="" type="checkbox"/>							



Name
in
Full

Annie C. Haight

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

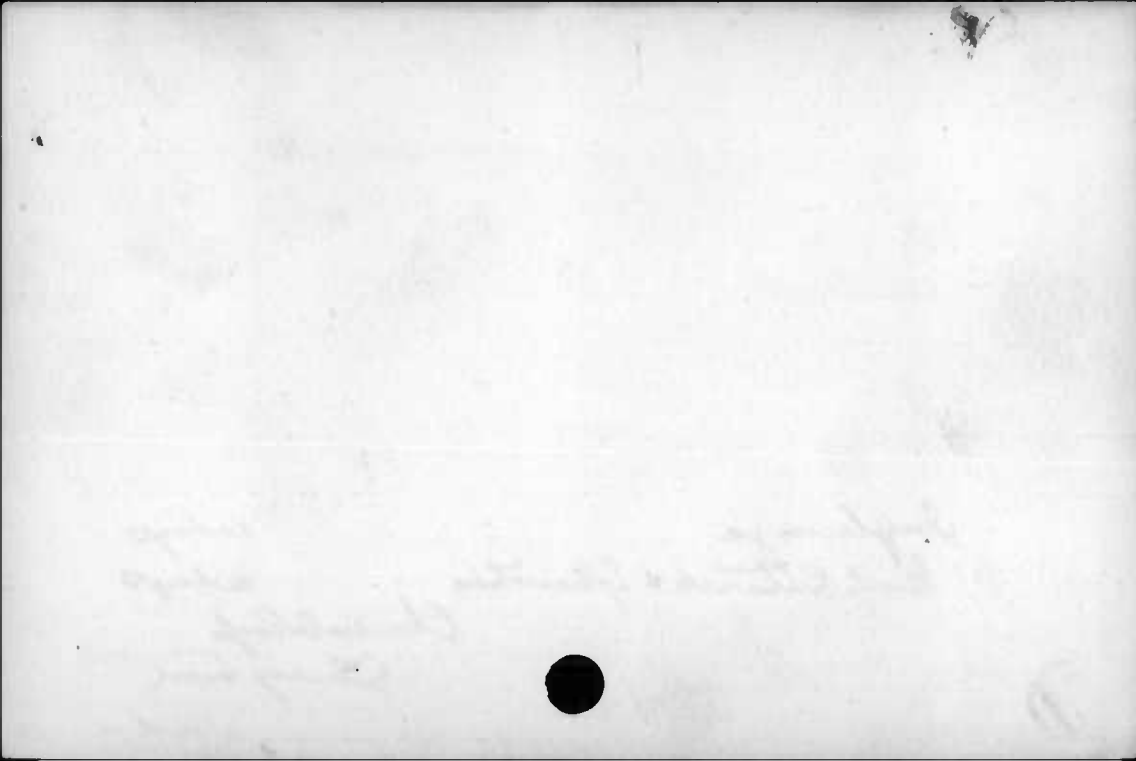
Died at <i>Haight's</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Dec.</i>	Day	<i>21</i>
Age		<i>23</i>	Years	<i>8</i>	Months
Sex		<i>Female</i>	Color or Race	<i>White</i>	Birthplace
Occupation		<i>Housewife</i>	Where Residing if not at place of death <i>same</i>		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband <i>Wm H. Haight</i>			
Father's Name	<i>Albert R. Pyle</i>			Father's Birthplace	<i>Pa.</i>
Mother's Maiden Name	<i>Annie H. Flint</i>			Mother's Birthplace	<i>Pa</i>
Name of person giving information	<i>a. R. Pyle</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary	<i>Child Birth</i>	How long	<i>16 days</i>
Immediate	<i>Septicaemia</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>MD Morris</i>	
		Address	
		<i>Eldersburg</i>	
		<i>md.</i>	
Accident or Suicide?			
<i>no</i>			



Name
in
Full

Daniel David Hesson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

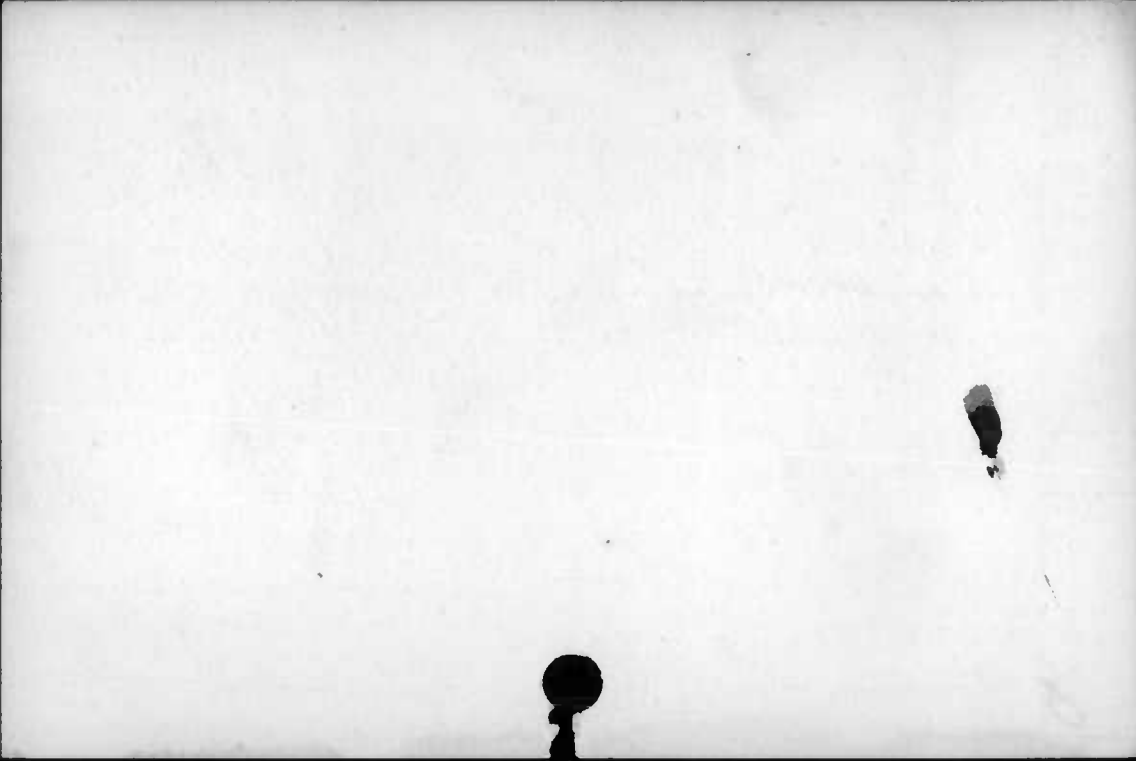
Died at <u>Harney</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	<u>12</u> ^{Month}	<u>5</u> ^{Day}	Age <u>76</u> ^{Years}	<u>10</u> ^{Months} <u>24</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>Retired Farmer</u>			Where Residing if not at place of death		
Married, Single <u>Widowed</u>			Name of Wife or Husband <u>Elizabeth Hesson</u>		
Father's Name <u>David Hesson</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Magdalena Harner</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>John Hesson</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <u>Influenza</u>	How long <u>10 days</u>
Immediate <u>Senil Cataract & Exhaustion</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Charles B. Roop</u>
<u>U. B. Coover</u>	Address <u>Taneytown Ind</u>
Accident or Suicide?	



Name

in
Full

William Henry Reefer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Tars Ridge ^{Town} Carroll ^{County} MARYLAND

Date of death 1907 ^{Month} Dec ^{Day} 4 ^{Age} 75 ^{Years} 4 ^{Months} 2 ^{Days}

Sex Male Color or Race White Birth-place Maryland

Occupation Farmer Where Residing if not at place of death Tars Ridge

Married, Single or Widowed Married Name of Wife or Husband Francis H Reefer

Father's Name Joseph Reefer Father's Birthplace Md.

Mother's Maiden Name Margarette Coppersmith Mother's Birthplace Md.

Name of person giving information Grant Kauffman How related to deceased No.

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary Paralysis How long 1 Week

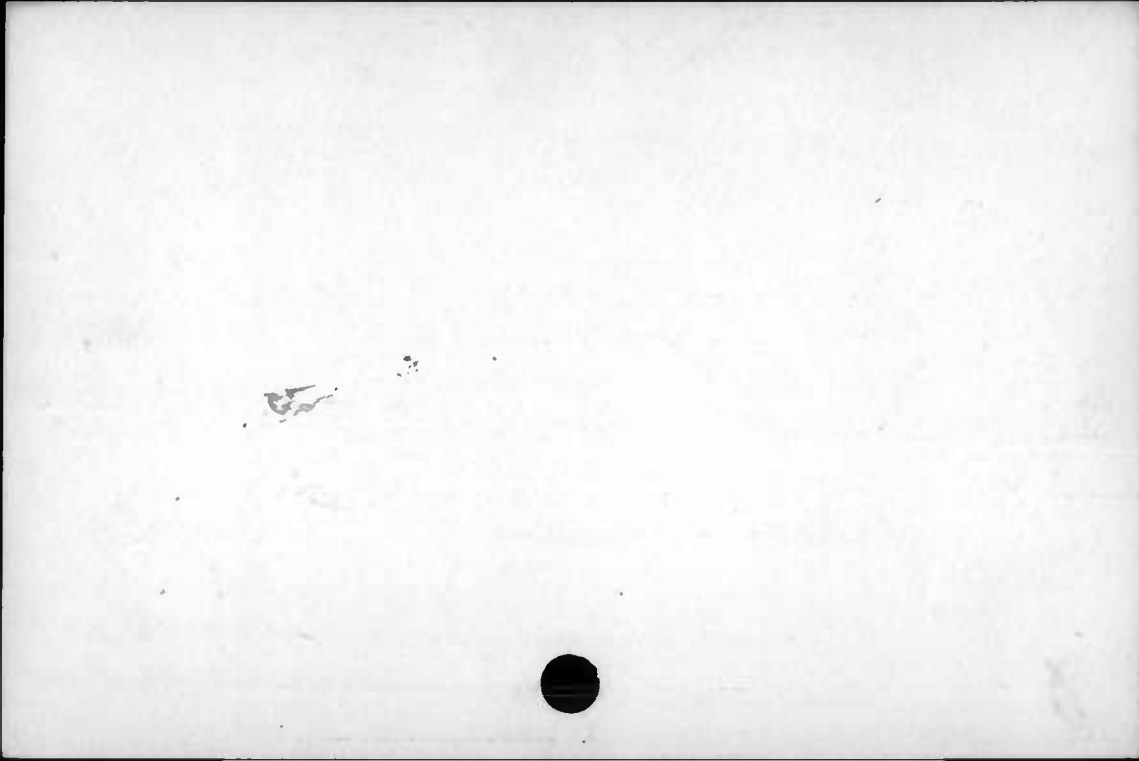
Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician F. J. Brooks

Address Marston, Md.

Accident or Suicide? ☐



Name
in
Full

Walter Henry Lucabaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Alexia* ^{Town} *Carroll* ^{County} **MARYLAND**

Date of death *1907* ^{Month} *12* ^{Day} *28* ^{Age} *4* ^{Years} *4* ^{Months} *14* ^{Days}

Sex *Male* Color or Race *White* Birth-place *Alexia*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *—*Name of Wife or Husband *—*

Father's Name

Henry Lucabaugh

Father's Birthplace

Alexia Md

Mother's Maiden Name

Savilla I Masemore

Mother's Birthplace

Baltimore Co Md

Name of person giving information

Savilla I Lucabaugh

How related to deceased

Mother

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary

Capillary Bronchitis

How long

4 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

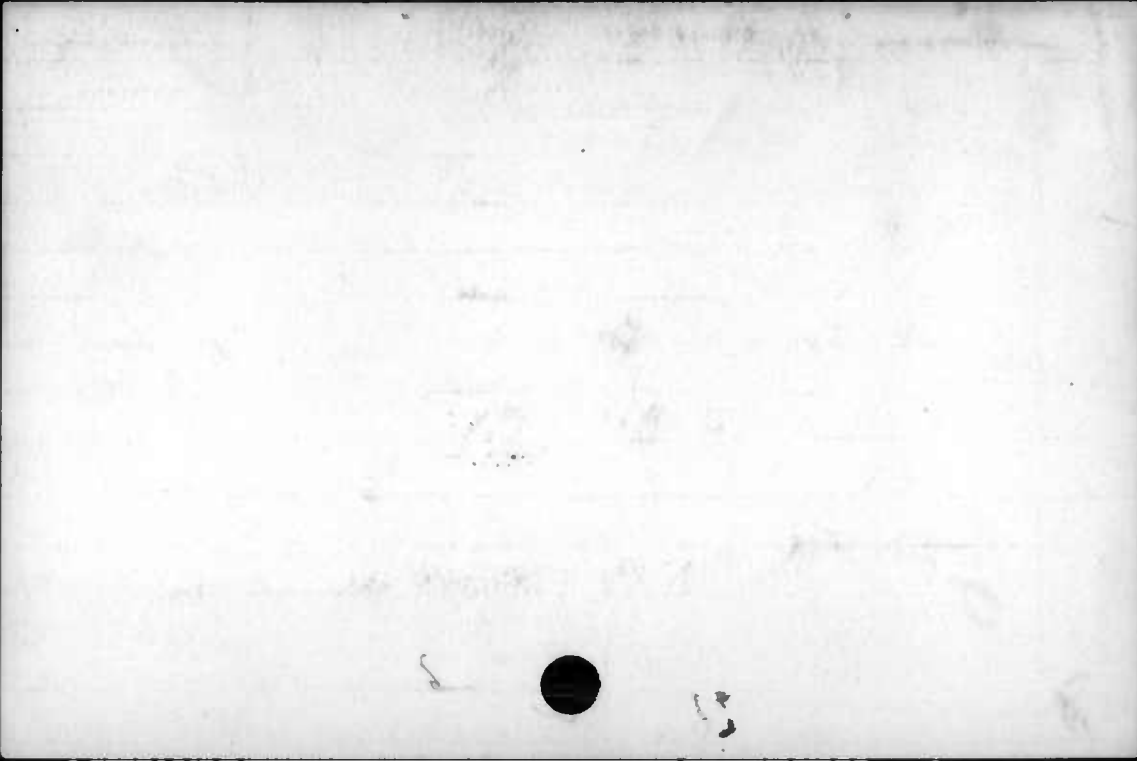
yes

Signature of Physician

Address

J. H. Sherman M.D.
Manchester Md

Accident or Suicide?



Name in Full

Certificate of Death

Thomson McHee

Town

County

Died at

Union Bridge, Carroll

MARYLAND

Date

1907

Month

Day

Y.

M.

D.

Native of

Occupation

12

31

Age

13.

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Geo. McHee.

Mother's

Name

Jennie Bloucke

Cause of

Primary

Diphtheria

How long sick

9 days

Death

Immediate

I heart

Accident, Suicide, Homicide

Reported by

Dr. D.C.

Address

Hoff (over)
Union Bridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Father's birthplace - Carroll Co.

Mother's birthplace - Carroll Co.

Name
in
Full

George W. Mellor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

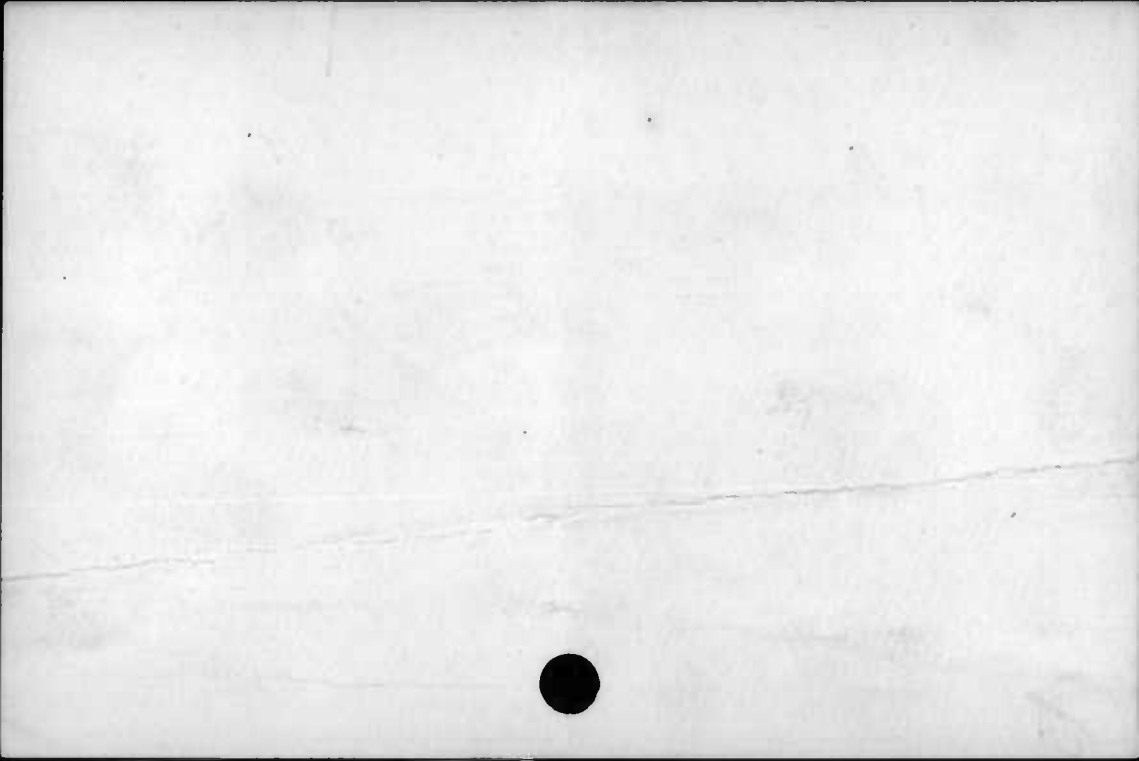
Died at		Town Sykesville		County Carroll		MARYLAND	
Date of death		1907	Month Dec	Day 13	Age 51	Years 19	Months 3
Sex Male		Color or Race White		Birthplace Baltimore			
Occupation Brick-Layer		Where Residing if not at place of death 2307 N. Miller Ave					
Married, Single or Widowed Yes		Name of Wife or Husband Caroline Miller					
Father's Name John J. Miller		Father's Birthplace Baltimore					
Mother's Maiden Name Elizabeth Ware		Mother's Birthplace Baltimore					
Name of person giving information H. M. E. Miller		How related to deceased Cousin					

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	Run-away Accident	How long	3 hours
Immediate	Fracture of Skull - Hemorrhage	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Daniel B. Frecker	
		Address Sykesville Md.	
Accident or Suicide?			



Name
in
Full

Mary Agnes Myerly

288

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Warfieldsburg		^{County} Carroll		MARYLAND	
Date of death	1907	Month	Dec	Day	17
Age	2	Years	5	Months	19
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William Herbert Myerly			Father's Birthplace	Maryland
Mother's Maiden Name	Bessie M Lockard			Mother's Birthplace	Mo
Name of person giving information	Wm H Myerly			How related to deceased	Father

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	Inflammation of Bowels	How long	5 days
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		T. J. Carson M.D.	
		Address	
		Washington	
Accident or Suicide?			

Pleasant Grove
Sandyvale

Name
in
Full

Anna Belle Peterson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

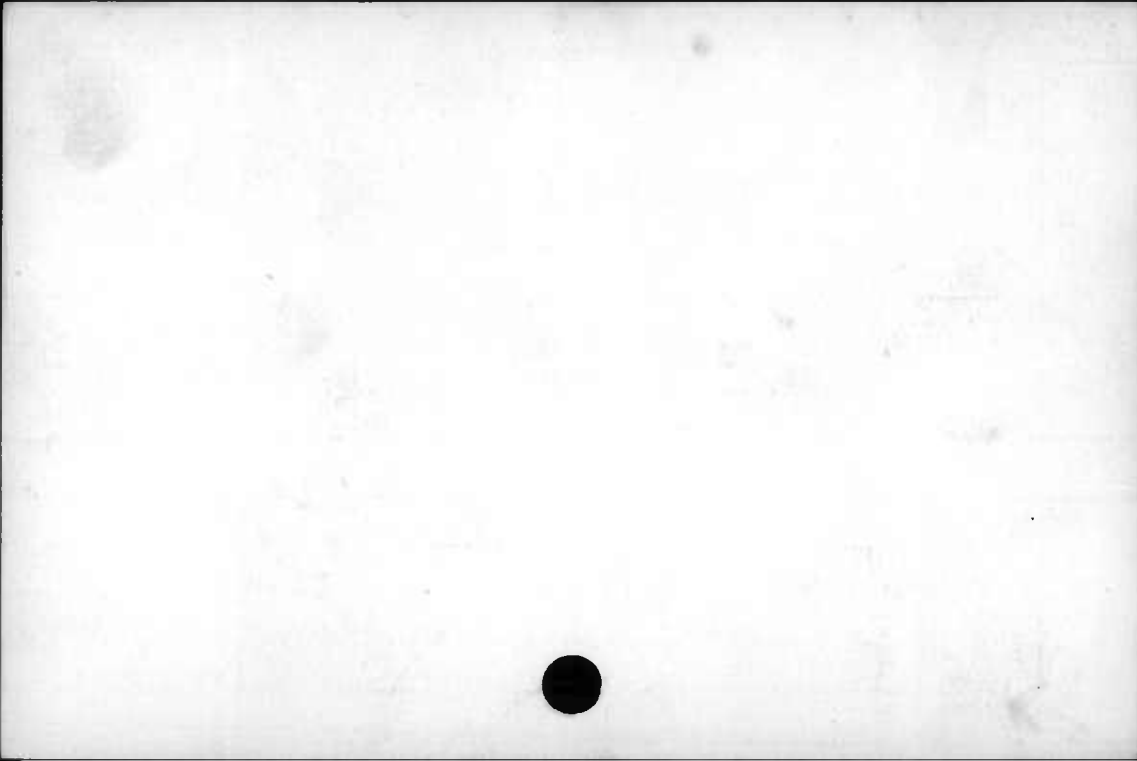
Died at <i>Sykesville</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Dec.</i>	Day <i>28th</i>	Age <i>45</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Dr. Edwin J. Dirickson</i>		How related to deceased <i>Friend</i>			

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary <i>Cystic Brain Tumor</i>	How long <i>2</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Norfolk Morris, M.D.</i>
	Address <i>Springfield Hospital, Sykesville, Carroll Co., Md.</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

Robert C. Reuling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

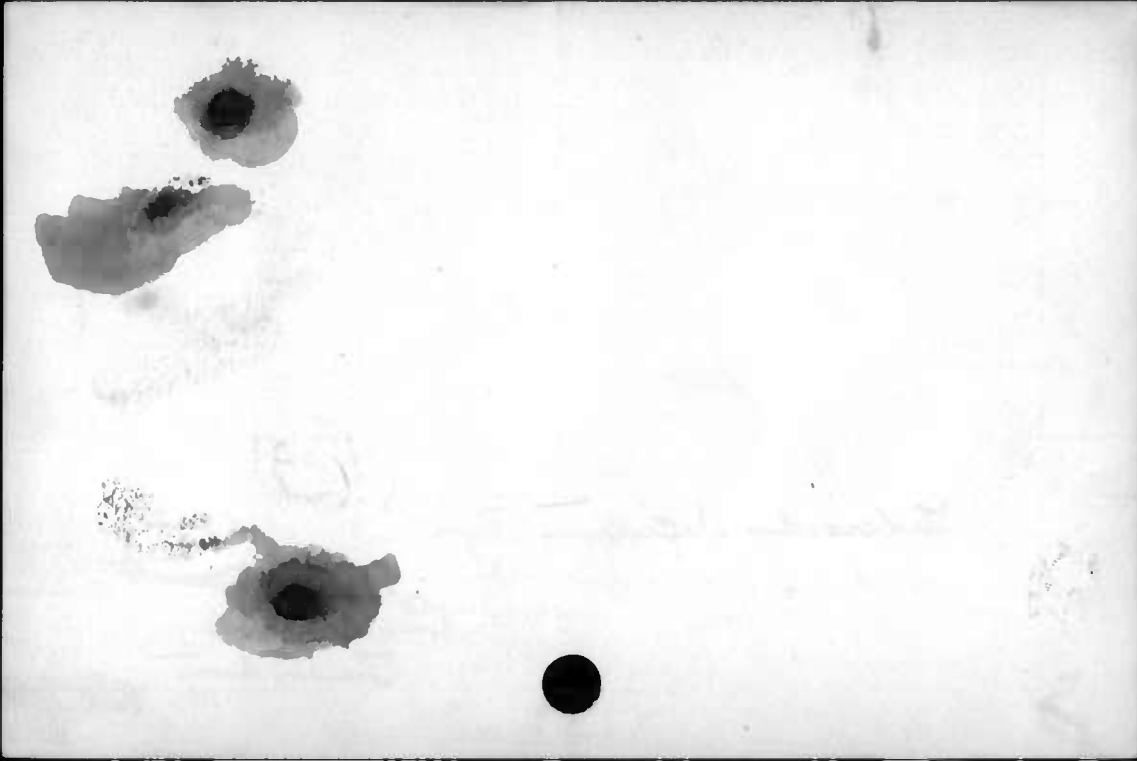
Died at <i>Eyreville</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	1901	Month	Dec.	Day	28
Age		34		Years	
Sex	male	Color or Race	white	Birth-place	Baltimore
Occupation	Physician		Where Residing if not at place of death <i>Eyreville</i>		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	<i>Geo Reuling</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Elna Reul</i>		Mother's Birthplace	<i>Germany</i>	
Name of person giving information	<i>Geo Reuling</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary congestion</i>	How long	<i>2 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>J. Clement Clark</i>	
Address		<i>Eyreville</i>	
Accident or Suicide? <i>unknown</i>			



Name
in
Full

Meetta A Bidinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

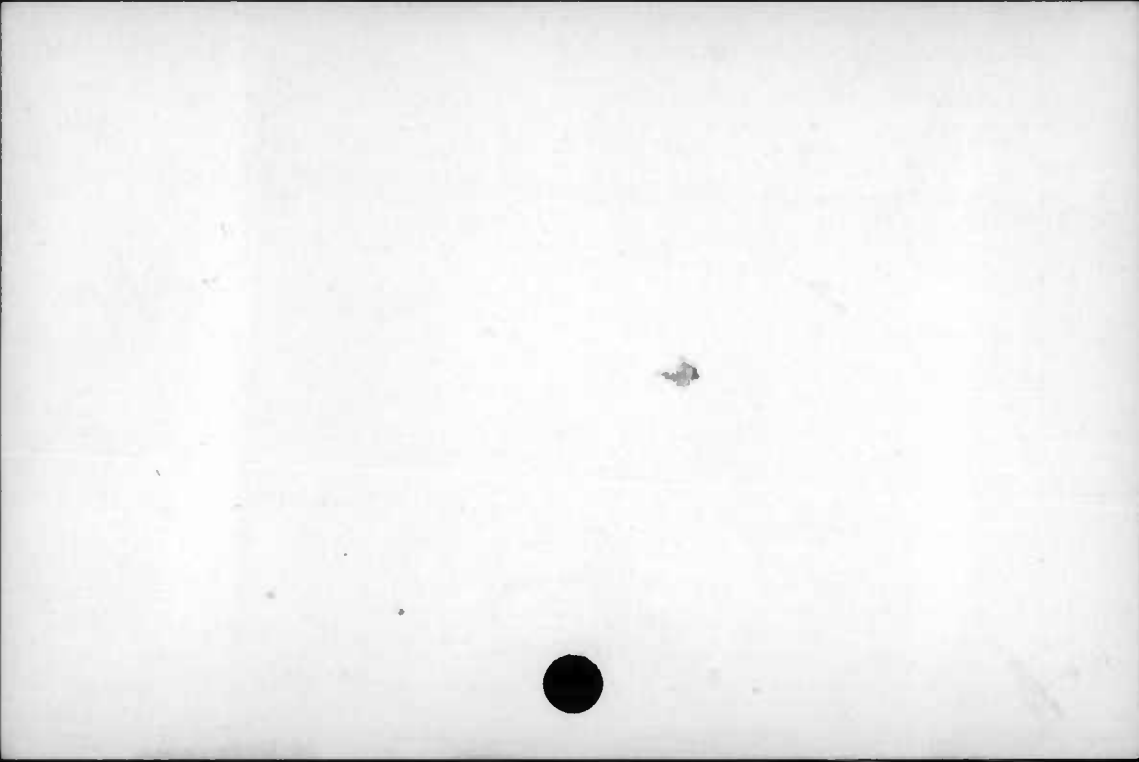
Died at <i>Harney</i>		Town		County <i>Carroll</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>12</i>	Day <i>6</i>	Age <i>20</i>	Years	Months <i>7</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation <i>Organmaker</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Samuel Bidinger</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mary S Davis</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Samuel Bidinger</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

34

PHYSICIAN
OR CORONER

Primary <i>Tubercular Infection (Throat)</i>	How long <i>1 year</i>
Immediate <i>Kind Infection & Exhaustion</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Charles S. Rupp</i>
<i>26.13</i>	Address <i>Farmington Ind</i>
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Prudence V. Six

Town

County

MARYLAND

Died at

Toneytown

Carroll

Date

Month

Day

Years

Months

Days

of death

1907

12

20

Age

60

11

5

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Housewife

Where Residing if not
at place of death

Married, Single

~~Married~~

Single

Name of Wife or
HusbandFather's
Name

John Six

Father's
Birthplace

Md

Mother's
Maiden Name

Sarah V. Morrison

Mother's
Birthplace

Md

Name of person giving
In formation

Hannah Sheek

How related
to deceased

Sister

CAUSES OF DEATH

104

Primary

Weak Heart

How long

Immediate

Acute indigestion

How long

3 hours

Are the name, age, sex, color, date
and place correctly given above?

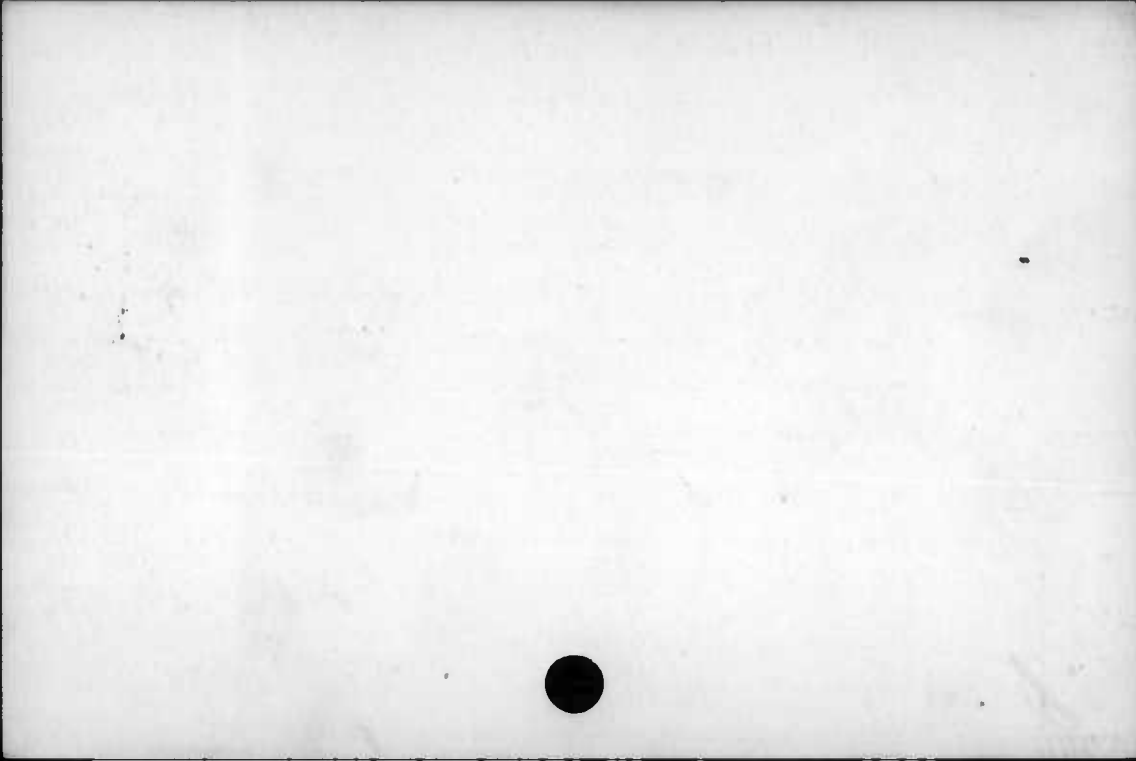
Yes

Signature of
Physician

Address

Robert M. No
Toneytown
Md

Accident or Suicide?



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Hampshire</i>				<i>Carroll</i>		MARYLAND			
		Date of death <i>1907</i>		Month <i>12</i>	Day <i>16</i>	Age <i>26</i>	Years	Months <i>4</i>	Days <i>10</i>		
		Sex <i>Male</i>				Color or Race <i>White-</i>		Birth-place <i>Hampshire Md.</i>			
		Occupation <i>Farmer.</i>				Where Residing if not at place of death <i>X</i>					
		Married, Single <i>Single</i>				Name of Wife or Husband <i>Bessie May Stockdale</i>					
		Father's Name <i>Samuel Nelson Stockdale</i>				Father's Birthplace <i>Hampshire Md.</i>					
		Mother's Maiden Name <i>Georganna Wickers.</i>				Mother's Birthplace <i>Frederick Md.</i>					
PHYSICIAN OR CORONER		Name of person giving information <i>Bessie May Stockdale</i>				How related to deceased <i>Wife</i>					
		CAUSES OF DEATH				(27)					
PHYSICIAN OR CORONER		Primary <i>Pulmonary Tuberculosis</i>				How long <i>18 mos.</i>					
		Immediate <i>Grady Heart Failure</i>				How long <i>2 da</i>					
		Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>				Signature of Physician <i>Edgar M. Bush</i>					
						Address <i>Hampshire, Md.</i>					
		Accident or Suicide? <i>X</i>									



Name
in
Full291
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i>		Town		County <i>Carroll</i>		MARYLAND	
Date of death	1907	Month	dec	Day	31	Age	70
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>		Months	8
Occupation <i>farmer</i>		Where Residing if not at place of death				Days	29
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Margaret A. Miller</i>		Father's Name <i>William. Tinsle</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Mary Glass</i>		Name of person giving information <i>Harry J. Tinsle</i>		Mother's Birthplace <i>Mo.</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Inanition</i>	How long <i>2 Years</i>
Immediate <i>Heart Failure</i>	How long <i>A few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. H. Bickings</i>
	Address <i>Westminster Md.</i>
Accident or Suicide? <i>No.</i>	



Name

in
Full

Herbert Guy Wagoner

CERTIFICATE OF DEATH

Died ^{Town} near GistCounty ^{County} Carroll

MARYLAND

Date of death 1907 Month 17 Day 20 Age — Years — Months 5 Days —

Sex Male Color or Race White Birth-place Maryland

Occupation — Where Residing if not at place of death near Gist, Md.

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name C. M. Wagoner Father's Birthplace Carroll Co., Md.

Mother's Maiden Name Elenora M. Shipley Mother's Birthplace " " "

Name of person giving information C. M. Wagoner How related to deceased Father

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis How long 2 months

Immediate " " How long "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Ed Cronk

Address

Winfield

Accident or Suicide? Carroll

es

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Deer Park

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

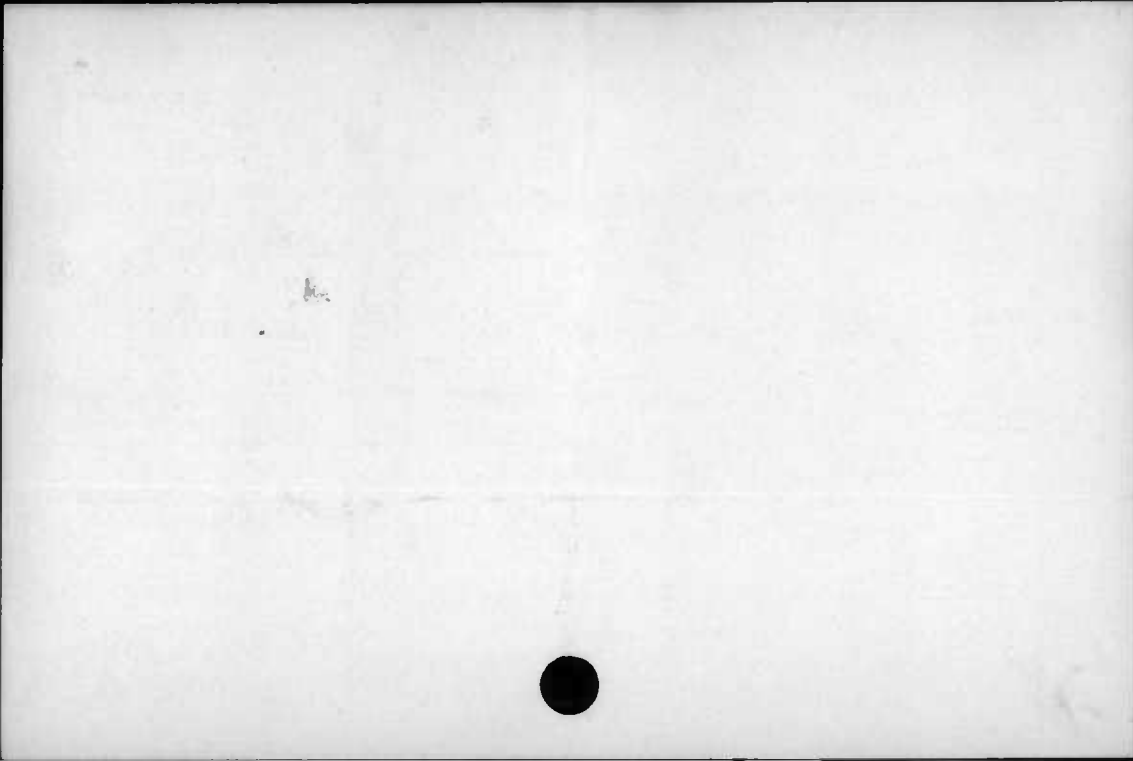
Died at <u>Sykesville</u> <small>Town</small>		<u>Carroll</u> <small>County</small>			
Date of death	<u>1907</u> <small>Year</small>	<u>Dec</u> <small>Month</small>	<u>5th</u> <small>Day</small>	Age <u>61</u> <small>Years</small>	Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Md.</u>		
Occupation <u>Carpenter</u>	Where Residing if not at place of death <u>Springfield State Hosp</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Mrs John T. Hainwright</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Hospital Records</u>	How related to deceased				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<u>Organic Dementia</u>	How long <u>3 yrs</u>
Immediate	<u>Lobar Pneumonia</u>	How long <u>10 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>J. C. Clark</u>
		Address <u>Springfield State Hosp</u> <u>Sykesville, Md</u>
Accident or Suicide?		



Name
in
Full

Maud H. Warfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

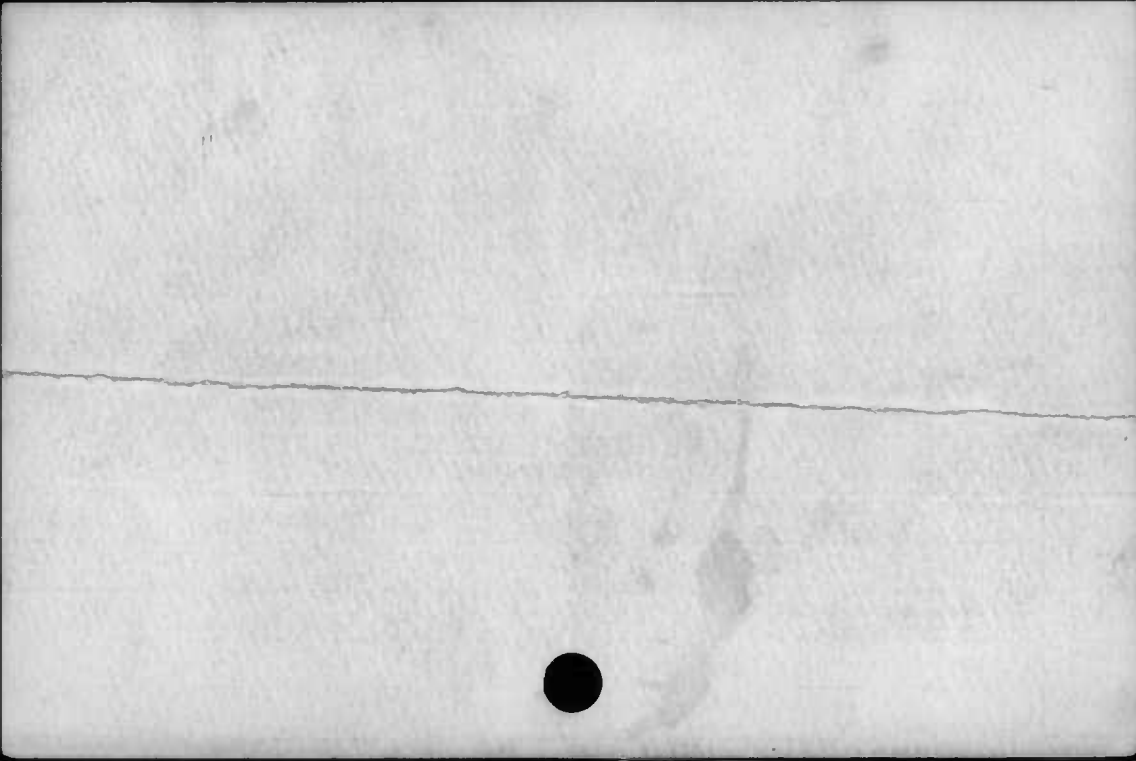
Died at <u>Freedom</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>Dec</u> ^{Month}	<u>11</u> ^{Day}	Age <u>18</u> ^{Years}	<u>3</u> ^{Months}	<u>11</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Balto Md.</u>			
Occupation <u>Nurse I. Isaac Hoop.</u>	Where Residing if not at place of death <u>same</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Samuel R. Warfield</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Phillipa Baughman</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>Miss Edith Warfield</u>	How related to deceased <u>uncle</u>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis of lungs</u>	How long <u>10 mos.</u>
Immediate <u>asthma</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>M. D. Morris</u>
	Address <u>Clarksburg Md.</u>
Accident or Suicide? <u>—</u>	

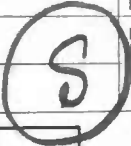


Name
in
Full

Still born Think.

CERTIFICATE OF DEATH

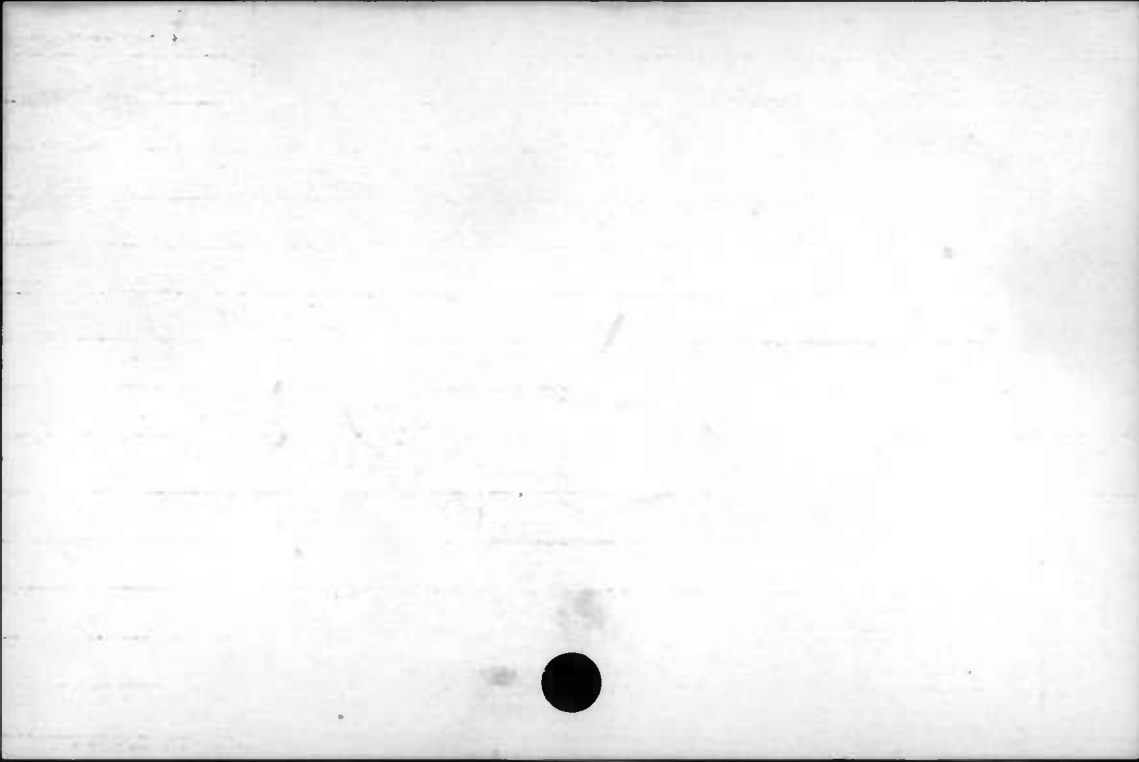
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Millers</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Dec</i> <small>Month</small>	<i>3</i> <small>Day</small>	<i>0</i> <small>Years</small>	<i>0</i> <small>Months</small>	<i>0</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Millers</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Harvey Wink</i>		Father's Birthplace <i>Carroll Co Md</i>			
Mother's Maiden Name <i>Hallie Hanner</i>		Mother's Birthplace <i>Carroll Co Md</i>			
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J H Sherman MD</i>	
	Address <i>Manchester Md</i>	
Accident or Suicide?		



Name in Full

Certificate of Death

Died at *no name* Town *near Shiloh* County *Carroll* MARYLAND
 Date 19 *Dec. 10* Month *Dec.* Day *10* Y. *4* M. *hans* D. *hans* Native of *hans* Occupation *hans*
~~Male~~ White Married Widow Divorced
 Female ~~Colored~~ Single Widower Number of children living

Husband of *Jos. H. Wandy*
 Wife *Gertrude Wandy*
 Father's Name *Gertrude Wandy* Mother's Name *Gertrude Wandy*
 Maiden Name

Cause of Death { Primary *General weakness* Immediate *151* } How long sick
 Accident, Suicide, Homicide

Reported by *B. F. Rich*
 Address *Haupt*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

10



Name in Full		Unknown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Sykesville		Carroll		MARYLAND	
	Date of death	1907	12	9	Age	49	
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Domestic		Where Residing if not at place of death		Springfield S. Hospital	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Not known -				Father's Birthplace	Not known
	Mother's Maiden Name	Not known -				Mother's Birthplace	" "
Name of person giving information	Not known				How related to decedent	" "	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">120</div>							
PHYSICIAN OR CORONER	Primary -	Chronic Interstitial Nephritis				How long	1 yr -
	Immediate -	Pulmonary Edema -				How long	5 days -
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Newton K. Herschner
		Weisha				Address	Sykesville Md.
<input checked="" type="checkbox"/> Accident or Suicide?							

